

EXECUTIVE LOBBYING EXPENDITURE REPORT
FORM 507

- ☐ COVERING JANUARY 1 - JUNE 30 - DUE AUGUST 15
☒ COVERING JANUARY 1 - DECEMBER 31 2008 DUE FEBRUARY 15

Mail to: the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808
OR
Fax to: (225)763-8787 or (225)763-8780

15
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY
Postmark Date: 2/12/09

C-ER 2

3071010

1. Name Teamer Cheryl R
Last First MI

2. Business Address: 365 Canal St. NO 1A 70130
Street and No. City State Zip

Mailing Address: 365 Canal St NO LA 70130

3. Business Phone: 504-533 6052
Area Code and Telephone Number

4. Total of all executive lobbying expenditures made January 1 through June 30: \$ 60
(Include expenditures from Schedules A and B)

5. Total of all executive lobbying expenditures made July 1 through December 31: \$ 0
(When Applicable) (Include expenditures from Schedules A and B)

6. Total of all executive lobbying expenditures made during calendar year: \$ 60.00
(Line 4 added to Line 5 should equal Line 6)

7. Did you make an expenditure exceeding \$50 on one occasion for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☐

If the answer to either question in Number 7 above is YES, complete Schedule A and attach.

8. Did you make expenditures exceeding the sum of \$250 for an executive branch official:

From January 1 through June 30? Yes ☐ No ☒
From July 1 through December 31? Yes ☐ No ☐ NA ☐

If the answer to either question in Number 8 above is YES, complete Schedule A and attach.

9. Did you expend funds for any reception, social gathering, or other function to which more than twenty-five executive branch officials were invited during this reporting period?

Yes ☐ No ☒

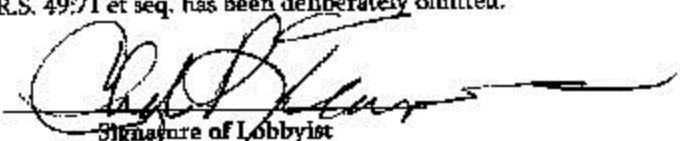
If the answer to Number 9 above is YES, complete Schedule B and attach.

Mississippi Social Security pages were blank and had no information on them.

- 2) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____
- 3) a. Name of Department and Individual Agency: _____
- b. Total of all expenditures made January 1 through June 30: \$ _____
- c. Total of all expenditures made July 1 through December 31: \$ _____
(When applicable)
- d. Total of all expenditures made during the calendar year: \$ _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist